

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-002218

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 155 Primary Registration District No. 5579 Registrar's No. 6

FILED JAN 10 1962

1. PLACE OF DEATH

a. COUNTY

JASPER

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MO.

b. COUNTY

JASPER

admission)

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN MINERAL TWP.Length of stay in 1b
20 YRS.c. CITY
OR TOWN

ORONOGO

Inside Limits
Yes ☐ No ☒c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION ROUTE 1, ORONOGO, MO.Inside Limits
Yes ☐ No ☒d. STREET ADDRESS (If outside, give location)
ROUTE 1Reside on Farm
Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)First
CARLMiddle
HENRYLast
ATNIP4. DATE
OF DEATHMonth
1/4/62Day
Year5. SEX
MALE6. COLOR OR RACE
WHITE7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
10/14/059. AGE (last birthday)
56IF UNDER 1 YEAR
Months DaysIF UNDER 24 HR
Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
CARPENTER, FARMER10b. KIND OF BUSINESS OR INDUSTRY
CONSTRUCTION
AGRICULTURE11. BIRTHPLACE (City and state or country)
PURDY, MO.12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

DANIEL ATNIP

13b. MOTHER'S MAIDEN NAME

LILA BARRETT

14. NAME OF HUSBAND OR WIFE

ZELMA HUGHEY ATNIP

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
NO NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

MRS. C. H. ATNIP, ORONOGO, MO.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

DUE TO (b)

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (c)

INTERVAL BETWEEN
ONSET AND DEATH
about 3 1/2 yrsPART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY Hour
a.m. Month, Day, Year
p.m.20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 6-29-59 to 1-4-62 and last saw her alive on 1-4-62.
Death occurred at 10:15 P. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Describe or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)
BURIAL23b. DATE
1/7/6223c. NAME OF CEMETERY OR CREMATORY
BETHEL CEMETERY23d. LOCATION (City, town, or county)
BARRY CO. MO.

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

ULMER FUNERAL HOME, CARTHAGE, MO.

1-6-62

Mrs. Madeline Switzer

(Licensed Embalmer's Statement on Reverse Side)

JAN 17 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Melvin Harrell

Licensed Embalmer No. 5121

P. O. Address CARTHAGE, MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.